

ABSTRACT

The present invention relates to methods for reducing mortality and cardiovascular morbidity following surgery. In particular, the invention relates to the intensive

5 postoperative administration of a pharmacologic cardiovascular agent to reduce mortality and cardiovascular complications. The invention is illustrated by way of working examples which demonstrate that in patients with, or at risk for, coronary artery disease undergoing major noncardiac surgery, the administration of a  $\beta$ -adrenergic

10 blocking agent throughout the period of hospitalization:

1) reduces mortality and cardiovascular events following hospital discharge; 2) is safe and well tolerated; and 3) the estimated cost savings in lives more than outweighs the cost of therapy.

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